PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

5853-406-1

-												
			S FILED - PART (Column 1)		(Column 2)			SMALL E	TITY	OR		R THAN ENTITY
TOTAL CLAIMS			5	57				RATE	FEE	7	RATE	FEE
F	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	7 minus 20=		• 37			X\$ 9=	333	OR	X\$18=	
IN	DEPENDENT (CLAIMS	(a minus 3 ±		• 3		7	X43=		OR	You	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT						129	1		
• ;	f the differenc	"0" in	column 2	' [+145=	0	OR	+290=				
CLAIMS AS AMENDED - PART II								TOTAL	847	OR	TOTAL	
		(Column 1)	AMENDE					SMALL ENTITY			OTHER THAN SMALL ENTITY	
Г	1	CLAIMS	HIGHE] [ADDI-	ſ		ADDI-
ENTA		REMAINING AFTER AMENDMENT		PREVIO	BER OUSLY	PRESENT EXTRA		RATE	TIONAL FEE	OR	RATE	TIONA
AMENDMENT	Total	*	Minus	**		=		X\$ 9=			X\$18=	
ME	Independent	•	Minus	***		=		X43=		OR	X86=	!
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR							+145=			+290=	
			L			OR						
			A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE					
		(Column 1)	<u>, </u>	(Colum		(Column 3)				_		•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** !		=		X\$ 9=		OR	X\$18=	
	Independent	<u> -</u>	Minus	***		=		X43= ·	·	OR	X86=	
	FIRST PRESE		-	.145-		Ī	+290=					
·			L	+145= TOTAL		OR	TOTAL	•				
		(Column 1)		AC	DIT. FEE		OR ,	DOIT. FEEL	· ·			
		(Column 3)	• •		• •		· · · · · · · · · · · · · · · · · · ·					
'AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA	. :	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	desir.		Ξ,		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=	7	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash		·	F		
+145= +145= TOTAL TOTAL										OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										DR A	DOTAL DOT. FEEL	·
T	i we ingnest Nur he "Highest Num	mber Previously Pa ber Previously Paid	ru mor in THIS For (Total or	SPACE is I Independen	ess than t) is the l	ı y, enter "3." highest number	found	in the appr	opriate box	in colu	mo 1.	